

EXHIBIT 5



Name: William Brady
Title: Senior Claims Specialist Surety
MRSI Claims
Munich Reinsurance America, Inc.
555 College Road East
Princeton, NJ 08540
Tel: +1-267-817-8501
Email : wbrady@munichre.com

March 5, 2024

Via E-mail Only

Mr. John Ralph
71 Construction
7072 Barton Dr.
Casper, WY 82604
E: jralph@71construction.com

Re: Surety: American Alternative Insurance Corporation
Bond no: S7A2SU0001232
Principal: Triple A Building Services Inc.
Obligee: USDOT Federal Highway Administration
Project: Horse Creek Road
Claim no. 2541910

Dear Mr. Ralph:

This letter acknowledges receipt of your March 4, 2024 notice on behalf of 71 Construction (“Claimant”), to American Alternative Insurance Corporation and notice of bond claim for the above-referenced Project. Please note that the undersigned is responsible for this matter on behalf of American Alternative Insurance Corporation (hereinafter “AAIC” or the “Surety”) and request that you forward all future communications to my attention.

In order to assist us in evaluating your claim, to the extent available and applicable, we ask that you furnish us with the following information and documentation to assist in our investigation:

1. a completed Proof of Claim (form enclosed);
2. a copy of any subcontract and/or purchase order for your company’s work performed or materials or equipment furnished for use on the applicable project (the “Project”);
3. copies of any and all change orders, whether proposed, approved or rejected, concerning your company’s role on the Project;
4. copies of all outstanding invoices, applications for payments and/or other billings or statements of account your company submitted relating to the Project;
5. copies of all delivery tickets, delivery tags, bills of lading, and/or other documents that evidence delivery of any materials or equipment you claim your company furnished for use on the Project;

EXHIBIT 5

6. copies of all certified payroll reports and other records of employees performing labor for your company on the Project (if required under any subcontract);
7. copies of all correspondence (including letters, emails, and memoranda) between your company and any party, including the above-identified Principal or Obligee, concerning the work your company performed or the materials or equipment furnished by your company for use on the Project that in any way relate to your claim;
8. if filed or served, a copy of any stop notice, mechanic's lien, preliminary notice or notice of non-payment (if delivery of such was made other than by US Mail, provide proof of delivery); and
9. any and all other information or documents that you believe may be of assistance to us in understanding and evaluating your claim

If you previously furnished any of the information or documentation requested above to us, then we request only that you supplement the previously furnished items with any other items listed above that are available and applicable to the claim. After we review the documentation and information furnished, we may ask for additional information and documentation regarding the claim. Upon receipt of the requested documentation, we may forward it to the Principal and request that it provide us with its position regarding same.

Please note that the information that your company has provided to date is considered to be insufficient to establish liability under this bond. Thus, the claim is deemed to be disputed in its entirety, and there are currently no amounts that are undisputed, due to the lack of adequate information and documentation supporting your claim.

This acknowledgment letter and our request(s) for information and documentation should not be construed as an admission of liability, nor as a waiver of any right or defense of Surety or its above-named Principal, whether under the terms and conditions of the Bond, any other contract or agreement, at law, in equity, or otherwise, all of which rights and defenses are expressly reserved unless or until expressly withdrawn by Surety in writing. In addition, be advised that it is your company's responsibility to comply with all proper claims procedures and time limitations under applicable law, including but not limited to any applicable statutes of limitation for the commencement of a lawsuit to recover under the Bond.

I look forward to your reply. Please reference the above-referenced bond number and our claim number on all communications. Thank you in advance for your assistance.

Very truly yours,

William J. Brady

William J. Brady

Cc: Triple A Building Services, Inc. via e-mail at: Anthony@tabsinewy.com
Scott Rons via e-mail at: SRons@munichre.com

EXHIBIT 5



PROOF OF CLAIM – CONSTRUCTION CONTRACT LABOR & MATERIALS PAYMENT BOND

Bond No. S7A2SU0001232

Claim No. 2541910

State of Wyoming

SS

County of Natrona

The undersigned, being duly sworn, deposes and says:

I hold the position shown below, and in such position I am familiar with the books and business of the Claimant and am authorized to make this affidavit. The facts set forth herein are true, and all attachments are authentic.

1 ALL ITEMS BELOW MUST BE COMPLETED (IF NOT APPLICABLE, ENTER "N/A")		
Name and address of Claimant: 71 Construction 7072 Barton Casper, Wyoming 82604		Name and address of party with whom Claimant contracted or who ordered materials from Claimant: Triple A Building Services 820 Lough Drive Laramie, Wy 82072
Affiant's name and title: John Ralph Coordinator		Name and address of Principal/Contractor on Payment Bond (if different from as stated above): Same as above
Name and location of Project where services or materials used (name only one Project per form): WY FLAP CR CN10-285(1) HORSE CREEK ROAD FREMONT COUNTY Contract # 6982AF23C000026.		
Description of services or materials claimed for, and dates when supplied or delivered: Furnish and Install Asphalt Paving LAST DAY OF LABOR AND/OR MATERIALS SUPPLIED BY CLAIMANT (REQUIRED): <u>10-07-2023</u>		
<input checked="" type="checkbox"/> Subcontract <input type="checkbox"/> Purchase order(s) <input type="checkbox"/> Other _____		Is your subcontract or purchase order(s) in writing? <u>Yes</u> If yes, attach a complete copy, together with all written amendments.
DATE NOTICE(S) OF CLAIM GIVEN (attach copies)		Computation of Amount Claimed \$ 328,323.92

EXHIBIT 5

1.1.1 TO	DATE	HOW		
			Original subcontract or order(s)	\$ <u>617,176.60</u>
			Changes or adjustments	\$ <u>28,323.92</u>
			Subtotal	\$ <u>645,500.52</u>
Surety	3-4-24	email	Amount(s) paid to date	\$ <u>317176</u>
Owner	3-4-24	email	Total Amount Claimed	\$ <u>328,323.92</u>
Principal	2-28-24	phone		
Has Claimant filed a lien in connection with this Claim? <u>No</u> If yes, attach a complete copy.				
Has the Bond Principal or any other party disputed any portion of your Claim in writing? <u>No</u> If yes, attach a written explanation of your position with respect to such dispute(s), together with copies of all relevant documents and communications.				
Does Claimant owe any amounts to others for providing labor or material on this Project? <u>No</u> If yes, identify all amounts owed, to whom, and provide copies of relevant subcontract(s), purchase order(s), open invoices and statement(s) of account.				
Has this Claim been assigned? <u>No</u> If yes, identify the assignee and attach a complete copy of any written assignment.				

A copy of Claimant's subcontract or purchase order(s) and copies of all applicable delivery tickets, invoices and statements of account, and copies of each written notice given, are attached and made a part of this affidavit.

This Proof of Claim and attachments are provided to the Surety to induce it to pay or settle the Claim herein described.

(Signature of person making affidavit)

Signed and sworn to before me on _____, 20____, said affiant being known by me to be the person, and holding the title, described in the above instrument.

Notary Public

EXHIBIT 5



State Fraud Warnings

AK - A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

AL - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

AR/LA - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

AZ - For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CA - For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

CO - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

DC - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

DE/ID - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

FL - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

EXHIBIT 5



IN - A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KY - Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MD - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ME/TN/VA/WA - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MN - A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NH - Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NJ - Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NM - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NY - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OH - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

EXHIBIT 5



OK - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OR - Any person who knowingly and with intent to defraud an insurance company files a claim containing any materially false information may be subject to prosecution for insurance fraud.

PA - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

RI/WV - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confine